

BR

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>James Worthem</b>	COURT CASE NUMBER <b>07C6687</b>
DEFENDANT <b>Hickerson</b>	TYPE OF PROCESS <b>S/C</b>

<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Ms. Douglas, Paramedic</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>2700 S CALIFORNIA STREET Chicago IL, 60608 Division 5/</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  <b>James Worthem, #2007-0071905 Cook County Jail P.O. Box 089002, Chicago, IL 60608</b>	Number of process to be served with this Form - 285 <b>1</b>
	Number of parties to be served in this case <b>6</b>
	Check for service on U.S.A. <b>0</b>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

ALL parties/Defendants to be served ALL work in Division 5 of the Cook County Jail on the 7 to 3 shift and also on the 3-11 shift. Paramedic Ms. Douglas can be located in Cerular Healthcare or Div 5 also as Mr. Gary Hickerson is Supt of Div 5.

Signature of Attorney or other Originator requesting service on behalf of: <b>James Worthem</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>_____</b>	DATE <b>02-11-08</b>
--	---	----------------------------------	-------------------------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>6 of 6</b>	District of Origin No. <b>24</b>	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <b>_____</b>	TD <b>_____</b>	Date <b>02-11-08</b>
---	--------------------------------	-------------------------------------	--------------------------------	--	--------------------	-------------------------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <b>Jean Kiriazes Director OGT/RM</b>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
--	---

Address (complete only if different than shown above)

**FILED****MAR 3, 2008****MAR X 3 2008 PH**

Date of Service <b>2-22-08</b>	Time <b>10:00</b> am
-----------------------------------	-------------------------

Signature of U.S. Marshal or Deputy  
**\_\_\_\_\_**

Service Fee <b>One</b>	Total Mileage Charges (including endeavors) <b>Service fee charged</b>	Forwarding Fee <b>_____</b>	Total Charges <b>_____</b>	Advance Deposits <b>MICHAEL W. DOBBINS</b>	Amount owed to U.S. Marshal or <b>_____</b>	Amount of Refund <b>_____</b>
---------------------------	---	--------------------------------	-------------------------------	---	--	----------------------------------

REMARKS: **See process sheet # 1 for charges.**